

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>McG</i>		9/22/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		5	10-2-00
FORMALITY REVIEW	<i>Mc</i>	823	10/26
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/22/00
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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